

57274

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000802

**PRODUCER OF WASTE (Must be filled by producer)**

Name: ALUMINUM CO OF AMERICA ☐ ☐ ☐ ☐ CODE NO.

Pick up Address: 5151 ALCOA AVE KERNON  
(NUMBER) (STREET) (CITY)

Telephone Number: (213) 5886141 P.O. or Contract No.: L17397333

Order Placed By: J. HERON Date: 6-7-80

Type of Process which Produced Wastes: ALUMINUM FABRICATOR ☐ ☐ ☐ ☐  
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)									
Check type of wastes:									
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand							
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste							
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste							
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water							
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine							
<input checked="" type="checkbox"/> Other (Specify) <u>ALUMINUM OXIDES &amp; WATER</u>									
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)									
		Concentration:							
Upper	Lower	%	ppm						
1									
2									
3									
4									
5									
6									

Hazardous Properties of Waste:

pH 7-9 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: QTY ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other Tank (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any):

VI. NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

Thomas O. Force *Shift*  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

999000802

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

Pick Up: 6-6-80 Time 11pm  
(DATE)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: \_\_\_\_\_ No. of Loads or Trips: 2 Unit No. 9

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other \_\_\_\_\_  
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

John V. Smith  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)				
Name (print or type): <u>Operating Industries</u>	CODE NO. <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
Site Address: <u>Mountain Park</u>				
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.				
Quantity measured at site (if applicable): _____ State fee (if any): _____				
Handling Method(s):				
<input type="checkbox"/> recovery				
<input type="checkbox"/> treatment (specify):	CODE NO. <table border="1"><tr><td> </td><td> </td></tr></table>			
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)				
<input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well	CODE NO. <table border="1"><tr><td> </td><td> </td></tr></table>			
<input type="checkbox"/> other (specify): _____	CODE NO. <table border="1"><tr><td> </td><td> </td></tr></table>			
If waste is held for disposal elsewhere specify final location: _____				
Disposal Date: <u>6-7-82</u>				
I certify (or declare) under penalty of perjury that the foregoing is true and correct.				
SIGNATURE OF AUTHORIZED AGENT AND TITLE: <u>[Signature]</u>				
The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.				

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.

D.O.T. Proper Shipping Name

**BILLING COPY**